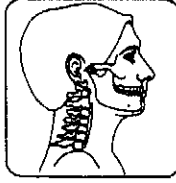


Stephen David Smith, D. M. D.

Rt. 252 & Waynesborough Rds.  
Paoli, Pa. 19301-2007  
Phone: (610) 647-2755  
Fax: (610) 647-6304



www.sdsmithdmd.com  
E-Mail: sdsmith@sdsmithdmd.com

TM

*Professor of Maxillo-Temporomandibular Disorders, Philadelphia College of Osteopathic Medicine*  
Diplomate, American Board of Craniofacial Pain \* Diplomate, American Board of Dental Sleep Medicine  
Diplomate, American Academy of Pain Management \* Fellow, American Academy of Craniofacial Pain  
Fellow, College of Physicians of Philadelphia \* Fellow, Academy of General Dentistry  
Fellow, American Academy of Orofacial Pain

**Affidavit:**

**Dental/TMJ Trauma - Injury Questionnaire**

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date of Accident:** \_\_\_\_\_

Since the time of the accident, are the following symptoms/clinical signs still a problem :      YES      NO

1.      Were any teeth broken ?      \_\_\_\_\_      \_\_\_\_\_
2.      Are you having toothaches ?      \_\_\_\_\_      \_\_\_\_\_
3.      Are you having facial pain ?      \_\_\_\_\_      \_\_\_\_\_
4.      Are you having neck pain ?      \_\_\_\_\_      \_\_\_\_\_
5.      Headaches ?      \_\_\_\_\_      \_\_\_\_\_
6.      Are you having pain in and around the ears ?      \_\_\_\_\_      \_\_\_\_\_
7.      Are you having ringing/tinnitus ?      \_\_\_\_\_      \_\_\_\_\_
8.      Are you having dizziness/vertigo ?      \_\_\_\_\_      \_\_\_\_\_
9.      When you open and close the jaw, is there frank joint noise ?      \_\_\_\_\_      \_\_\_\_\_
10.      Does your jaw displace or lock when opening ?      \_\_\_\_\_      \_\_\_\_\_
11.      Is there pain on chewing ?      \_\_\_\_\_      \_\_\_\_\_
12.      When you open and close the jaw, does the jaw open irregularly in a "zig-zag" fashion?      \_\_\_\_\_      \_\_\_\_\_
13.      Are you unable to open or does your jaw lock ?      \_\_\_\_\_      \_\_\_\_\_
14.      Do you wake up with stiff, sore jaws ?      \_\_\_\_\_      \_\_\_\_\_

DENTAL/TMJ TRAUMA QUESTIONNAIRE

- |     |  | <u>YES</u> | <u>NO</u> |
|-----|--|------------|-----------|
| 15. | Do the areas in front of the ear (TMJ) hurt upon touching them ? .   | ___        | ___       |
| 16. | Are you unable to move the jaw side-to side ?  | ___        | ___       |
| 17. | Do you have unexplainable pain in the eyes ?   | ___        | ___       |
| 18. | Do you have unexplainable pain in the throat ?   | ___        | ___       |
| 19. | Is the range of motion in your neck restricted or limited ?  | ___        | ___       |
| 20. | Have you been told that your pain is " all in your head" ?   | ___        | ___       |
| 21. | In the accident, were any dentures, partials or bridges broken ?   | ___        | ___       |
| 22. | Were there any facial lacerations, contusions or fractures in the face and jaw regions ?   | ___        | ___       |
| 23. | Are you able to open a full 3 fingers' width (between the front teeth) to a maximum opening ?  | ___        | ___       |
| 24. | Are you currently wearing a night guard, splint or mouthpiece ?  | ___        | ___       |
| 25. | Have you had problems with your TMJ (temporomandibular joint) before the accident ? If so, please describe.  |            |           |
| 26. | Have you had prior injuries to the head, neck or jaw region ? If so, please list date and describe these injuries. Also, please note if problems resulting from these injuries were totally resolved before the current accident occurred. |            |           |
| 27. | Describe the location and details of the accident and treatment rendered.  |            |           |

Patient Signature \_\_\_\_\_ Date: \_\_\_\_\_